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Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 14.

NASAL, OR OLFATORY REGION.—This region consists of an external and an internal portion, the former rising prominently from the middle of the face, as the nose; the latter deeply placed between the face and the pharynx, and termed the nasal fossæ. It performs a double office—first, as an olfactory organ, presenting a surface for the expansion of the first cranial nerves, or nerves of smell; and second, as passages for conducting air to the respiratory organs. The nose consists of a bony and a cartilaginous portion; the first formed by the nasal processes of the superior maxillary and nasal bones, and the second of a system of cartilages attached to the margin of the former. The organs of olfaction are found to exist very generally in most families of animals. In insects, while the existence of smell can scarcely be doubted, the exact locality of the smelling organs is a matter of uncertainty. They have been placed in the antennæ, respiratory stigmata, and recently in the upper lip. The same is true of the crustacea. In fish there are orifices near the anterior part of the upper jaw, which lead into olfactory cavities. In birds there are two perforations in the upper mandible leading to similar excava-

tions; but it is only when we reach the mammalia that the nasal prominence forms any considerable feature of the face—that it is furnished with a layer of muscles, or the interior at all complicated. In the elephant it becomes, in addition to its other functions, an organ of prehension; and in the hog, of ploughing up the earth in search of food, and a weapon of defence. The human nose is a three sided pyramid.

Nares—The nasal cavities communicate with the face by two openings, the nostrils or anterior nares; and with the pharynx by two openings, the posterior nares. The former are separated from each other by the columna. The vertical diameter of these openings is greater than the transverse, and their form varies much in different individuals. The extremity of the cartilaginous nose is the tip or *lobulus*, and its sides, the *alæ*. At the entrance of the nares there is a cluster of stiff hairs—"the *vibrissæ*." In some animals these are tactile organs, having a pulp at their roots richly supplied with blood-vessels and nerves. We may next examine the anatomical elements of the organ in the order of their superposition.

Skin.—That portion covering the posterior or bony nose is quite movable and delicate in its organization; but, in advance of this, it is so firmly attached to the cartilages beneath as to admit of little or no motion. Over the *alæ* and the *lobulus*, a large number of sebiparous orifices may be seen, diminishing rapidly toward the root.

Practical Remarks—The hairs located at the anterior nares stand guard over the entrance of the air-passages, intercepting fine particles of dust which would otherwise be swept in by the current of air in inspiration. On this account, the habit of some persons of

pulling them out is to be deprecated. When the respiration is considerably increased in frequency, these hairs may be seen to be covered with foreign matters; and this condition should, aside even from other evidence, lead us to suspect some pulmonary disease. The direction of the nares argues for the erect posture of the human species, and their relation to the mouth is such that the sense of smell can exercise discrimination in the employment of food. The nearer a wound is to the root of the nose the easier will it be adjusted, in consequence of the mobility of the skin. A stitch in the same part, for the same reason, will be less liable to excite unpleasant irritation.

Tumors here are commonly encysted, and implicate the sebaceous glands. The activity of these glands may become so great as to keep the nose moist and glistening with their oleaginous secretion.

The extremity of the nose is a favorite seat for *acne rosacea*, sometimes called *bacchia*, from attacking such as too faithfully sacrifice at the shrine of the jovial god. When of an aggravated character, it not only includes the sebaceous follicles, but the integument, for some distance around, becomes thickened by the exudation of lymph, giving to the organ a knotty tuberculated appearance. When the disease has attained to such a degree of structural alteration, blue and livid lines are seen running in different directions. This alteration of color results from the mechanical obstruction to the venous trunks by the lymph effused.

In ulcers or wounds, great attention should be given to prevent contraction of the nostrils; so as not to diminish the column of air entering the lungs.

Superficial Fascia.—This layer can easily be lifted, over the bony part of the nose, but over the cartilaginous part, it is so condensed, and unites the skin so closely to the cartilages that it cannot be raised as a distinct layer. Between its short fibres small pellets of fat are lodged, so that it resembles very much the superficial fascia of the scalp. Under this a muscular layer is placed, consisting of several distinct parts, very difficult, however, to isolate definitively.

Pyramidalis Nasi.—This is a pyramidal slip continued down from the occipito-frontalis muscle, and attached to the nasal aponeurosis.

Levator Alæque Nasi.—This muscle is connected above to the nasal process of the superior maxillary, and is inserted into the angle of the nose.

Compressor Nasi.—Arises from the margin of the canine fossa, and widening into an aponeurotic expansion, joins its fellow of the opposite side on the dorsum of the nose.

Anomilus.—This extends from the canine fossa to the nasal process of the upper jaw.

Dilator Naris, Anterior and Posterior.—These are two separate planes of muscular fibres, which are attached above to the superior maxillary and the sesamoid cartilages, and below to the margin of the naris.

Compressor Nasi Minor.—Arises from the alæ, and is inserted into the lobulus.

Depressor Alæ Nasi.—This is a part of the depressor of the upper lip, extending from the upper maxillary bone to the angle of the nose. There are, therefore, no fewer than eight pair of muscles attached to and influencing the movements of the nose. (See Fig. 17, Art. 12.)

CARTILAGES.—There are five of these, which form an elastic skeleton for the anterior part of the nasal prominence.

Superior Lateral Cartilages.—These are attached above to the margin of the nasal and nasal processes of the superior maxillary bones, and at the middle, to the cartilaginous septum.

Inferior Lateral Cartilages.—These are connected above to the lower edge of the superior lateral. At the median line they rest against the septum, and turn inward and downward to form the lobulus and part of the columna. They are prolonged externally in a curved direction by the addition of three small sesamoid nodules, to form the wings or *alæ*, and their lower or free edges have an addition of very dense cellular tissue, forming most of the rim of the nostrils. The cartilaginous septum will be described when the nasal cavities come to be described. These cartilages all are covered with a perichondrium.



Fig. 19.

[From Gray's Anatomy.]

Exhibits the nasal bone and nasal process of the superior maxillary of one side, together with the upper and lower lateral cartilages, sesamoid bodies, part of the column, and the marginal fibrous tissue.

Blood Vessels.—The arteries supplying the exterior of the nose are derived from the facial and ophthalmic. (See Fig. 17.) Those from the facial, the *laterales nasi*, are rather remarkable for their considerable size and their numerous branches. The *veins* enter the facial.

Nerves.—Those supplying the muscles with motion are branches of the *facial*; those furnishing sensibility are from the 5th pair, or *tri-facial*. These last, it should be observed, are derived from two different trunks of the 5th pair, the *nasal*, a branch of the ophthalmic trunk—and supplying the mucous membrane of the nasal cavities, as well as the integument, which last it reaches by passing through an orifice between the bony and cartilaginous nose—and cutaneous branches from the superior maxillary trunk.

Practical remarks.—The dense nature of the fascia connecting the skin to the cartilages is apt to induce in cases of inflammation the erysipelatous variety, and causes much local suffering; sutures, therefore, of irritating material, should be avoided. Little can be done to approximate wounds here where there has been any considerable loss of substance. The dilator muscles are almost the first to come into active play in the spasmodic inspirations which occur in the new-born child, and which agitate the whole frame until the new process of pulmonary respiration is fairly established. These same muscles are in a condition of great activity, in all cases of difficult or hurried respiration, whether from disease or mere phy-

sical exertion. The same is true in tetanus. The expanded nostril of the horse indicates courage and endurance. The bold language of Job, which has been so much admired, is drawn from this condition of the nares of this noble and spirited animal.—“The glory of his nostrils is terrible.” In smelling, the dilator muscles expand the nares. This can be seen in a very marked degree in the dog when scenting game, and evidently favors the rapid entrance of a large column of air, so that the odoriferous emanations are swept in with force upon the olfactory surface. In peritonitis the nostrils are compressed by the compressores nasi, the respiration being diminished in its fullness and frequency, so as not to disturb the inflamed membrane. In fainting and death they are collapsed.

The cartilages form a yielding skeleton, which protects the organ against blows, and yet sufficiently firm to maintain the nasal cavities patulous. In dressing wounds of this part of the organ, stitches, when such become necessary, as in plastic operations, should not extend into their structure. Their perichondrium may become inflamed, and the resistance of the tissue makes abscesses here very painful. They are sometimes destroyed by malignant ulceration. The perforations made in the nose for the introduction of ornaments by some tribes of Indians and Africans do not extend into these cartilages, but only into the dense cellular tissue. Wounds of the nose bleed very freely from the size of the vessels. The ophthalmic artery distributing some branches to the outer surface accounts for the practice among the older practitioners of applying a blister in chronic inflammations of the eye to the side of the nose.

The relation between the fifth pair of nerves and those distributed to the apparatus of respiration, accounts for the titillation of the integument of the extremity of the nose, exciting sneezing. This relation is taken advantage of in cases of new-born children in whom the breathing is not well established, by blowing upon the face or dashing it with cool water, thus strongly exciting inspiration. The same course is often pursued in fainting, and acts in the same way.

Abortion produced by a Polypus in the Cervix Uteri.

By J. W. LODGE, M. D.,

Resident Physician Philadelphia Hospital.

Perhaps among the many requirements of a successful pregnancy, there are none more essential than a well contracted cervix uteri. Its dilation must be gradual, and graduated by the growth of the foetus, that portion which remains, as in the unimpregnated condition, acting as the faithful guardian for the successful termination of gestation, and anything interfering with the gradual development of the cervix, must be dangerous and very often cause the expulsion of the foetus long before its period of viability.

The term of utero-gestation may indeed vary, but in a perfectly normal condition of the generative organs, the contractions of the uterus do not commence until the cylindrical neck has gradually become conical, when the efforts at expulsion overcome those of retention, and then a labor at term commences.

The following case will illustrate the fatal consequence which may ensue upon the presence of any abnormal body which will disturb the safe-guard of pregnancy:

A short time since I was requested to visit a woman who I was told had suffered an abortion twenty-four hours previously. On arriving, I learned that, on account of the inclemency of the weather, she had declined sending her husband, the only available person, for professional assistance, and, after a painful and tedious labor, the foetus was born by her unaided efforts. From the appearance of the foetus, and the woman's statement, I should judge it was about the fourth month of utero-gestation. The after-birth still remained within the cavity of the uterus, which had contracted firmly upon it, but by carefully dilating the neck, I finally succeeded in removing it entire. Being anxious to discover the cause of the abortion, I questioned the woman closely upon the subject, without eliciting anything satisfactory, but while turning out some clots which remained in the vagina, I detected a soft, yielding mass, about the size of a Guinea hen's egg, attached by an elongated peduncle

to the upper and inner side of the neck of the uterus; the body of the tumor protruding about half an inch through the os. By seizing its base, and passing my finger upward, I could feel the whole course to its attachment. At my first examination I mistook its peduncle for the cord, which the patient afterwards told me she had ruptured in endeavoring to deliver the placenta. The mass was very elastic, and by taking hold of its body, it could be drawn down to the valva, with the infliction of but little pain, and, had I been allowed to do so, would have made its removal easy.

I have no doubt but that the polypus, interfering with the gradual development of the cervix, was the real cause of the miscarriage. What is, perhaps, most singular in this case, is, that during her pregnancy the patient had no symptom whatever threatening the abortion.

Inversion of the Toe-Nail.

Ry H. B. WILSON, M. D.

Of Boonsboro, Md.

The frequency with which inversion of the toe-nail is met by all physicians, in their practice, and the acute suffering and great inconvenience to which patients are subject, render any easy and expeditious mode of cure a great desideratum.

Different modes of relief have been resorted to with varied success. But of all with which I am acquainted, there is none so cruel and uncalled-for as splitting the nail, and forcibly extracting a portion with the forceps. It is one of those relics of barbarism which is an opprobrium to the profession. Without the use of anæsthetic agents, ether or chloroform, the operation is exceedingly painful, and sufficient to produce tetanus. I have known persons willing to submit to amputation of the great toe, rather than undergo the almost intolerable suffering. If there were no other mode of relief, this might be endured.

The practice recommended by Dr. Long, of Liverpool, (Braithwait, No. 37,) of cauterising a portion of the nail with nitrate of silver, is reasonable, and has the merit of being safe and painless in its application.

For the last ten years I have resorted to a very simple and easy process, and always with perfect success,—having first proved its efficiency on myself. It is neither dangerous nor difficult to perform.

Suppose the large toe to be affected with ingrowing of the nail, and a considerable quantity of fungous growth at the side. My plan is, first, to take a perfectly sharp scalpel, and beginning at the end of the nail, on the sore side, gradually and slowly divide about *one-fourth* of the nail from the end to the root. If done with care, not at one incision, but by degrees, cutting forward and upward toward the root, this, the most important part, will be found to be unattended with pain. Patients often imagine it will hurt them very much, but a fair trial will show that their fears are groundless. One thing should be well remembered, and that is, to sever the nail down to its root, or as near so as possible. This seems to cut off all source of nutrition with the other part, and render the smaller portion a foreign body.

The next thing to be done, is, not to dissect out the nail, or forcibly draw it out by the root; but to introduce a *very* little raw cotton under the edge of the smaller portion, or between the two edges where it has been split, as far down as the root; then bind the toe up in a slippery-elm poultice, in order to reduce the inflammation. In another day, the cotton can be pushed still farther under the nail, and the nail itself will begin to let go its connections and become loose. On the second day, or at most the third, the fourth part and offending portion *will come out of itself*, or can be gently removed *without the slightest pain*, and the toe will then get well without any further treatment. I have known patients who were almost helpless, and walking about with a cane, with a large hole in their shoe, completely cured, and wearing boots in three days. I have tried it on many, and never knew a case which was not speedily relieved. It is a simple, safe, and painless operation.

The cholera is spreading in Germany. At Hamburg sixty to seventy die daily.

Illustrations of Hospital Practice.

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

[Reported by Mr. J. H. Wehner.]

SEPTEMBER 3,

Clinic of Dr. J. Aitken Meigs, Professor of the Institutes of Medicine.

Congestion of the Liver.—The first case to which I direct your attention, is one of chronic congestion of the liver, with impaired hepatic secretion. The patient has experienced for several months past a sense of weight and fullness in the right hypochondrium. Latterly she has begun to feel some pain in this situation. There is tenderness on pressure just below the false ribs on the right side. At times she is troubled with swelling or distension in the epigastric region. This symptom is of recent appearance. Her bowels are constipated; the evacuations are somewhat scanty, light colored, and offensive; her appetite is impaired, and there is occasional nausea. The tongue is covered with a thick, yellow fur, which is darker, however, at the posterior part, near the base of the organ. The papillæ are enlarged, and appear like prominent red points scattered over the surface of the tongue. She complains, especially upon first waking in the mornings, of a bitter, slimy and nauseous taste; the conjunctivæ are yellow, and the skin exhibits a sallow hue. She complains of a sense of weight or heaviness above the eyes, and for several days her skin has been hot and dry. She is beginning to be feverish, and her urine, which is turbid and of a dark brown color, irritates and burns the urethral passage.

Now what is the meaning of all these symptoms? Do they bear any relation to each other? Are they the successive results of one common pathological condition? What is this condition, and how can it be remedied? The organ which occupies the right hypochondriac region chiefly, is the liver, and this great and important gland is the seat, the *fons et origo* of all this trouble. The liver is congested; its blood-vessels are overloaded with blood. I am not prepared to say whether this congestion is confined to the venous system of the liver, or involves the arterial also. I cannot say positively even, whether the portal vein and its interlobular branches are alone the seats of this congestion, or whether there is an undue accumulation of blood in the intra-lobular vessels and the radicles of the hepatic vein. The satisfactory and strictly reliable data for such a nice diagnosis are wanting, and yet, in a pathological point of view, I think it is important to distinguish between these different kinds, or rather different seats of hepatic congestion, inasmuch as they bear different relations to the various structural

alterations of the liver, induced by long continued congestion of that organ. There is undoubtedly an active or arterial congestion of the liver, and a passive or venous congestion also. The former is apt to terminate in hepatitis; the latter often results in an attack of cholera morbus, bilious diarrhæa, or dysentery, hemorrhage from the bowels or rectum, etc. Sometimes jaundice and dropsy are the results of such congestion. There is a biliary congestion also located in the bile ducts, and in the lobular substance of the liver.

The causes of this disease are various. I do not intend to speak of them in detail at present. You will have practical illustrations of them from time to time, as other cases of this very common disease present themselves at our clinic. You will find that chronic valvular derangement of the heart, structural alterations of the lung interfering with the pulmonary circulation, obstructions to the flow of blood in the hepatic vein and vena cava, derangement of the gastric and intestinal circulation, etc., all produce congestion of the liver. None of these causes, however, are present in the case before us. I can find no cause but the following: The patient "sews for a living." She sits constantly from morning to night; she takes but little or no exercise. You will bear in mind that she has been living in this way throughout the whole summer. This want of exercise, and the warmth of the weather, have had their ordinary effect upon her respiration. This great function has been less active; but one of the great uses of the lungs is the elimination of carbon from the blood. If the activity of the lungs is impaired, the amount of carbonic acid expired from them is diminished. But this carbon must be thrown off somehow. If the blood is not depurated of it, disease sooner or later ensues. I have told you frequently that the liver acts vicariously with the lungs. Both these organs eliminate the surplus carbon, the latter as carbonic acid gas, the former as biliary resin and pigment—substances eminently hydrocarbonaceous. The action of the lungs in our patient having been impaired by heat and want of exercise, her liver has attempted the task of separating from the blood a greater quantity of carbon than is its wont. But the liver has gradually become overworked, over-stimulated. This excessive activity, continuing for a while, slowly induces two pathological conditions of the liver—a state of exhaustion and a state of congestion. In obedience to a well-known physiological law, exhaustion follows quickly upon the heels of undue stimulation. While the liver is secreting bile rapidly, while the hepatic cells are actively developed, there is an increased afflux of blood to the organ to supply the pabulum, the material necessary to the nutrition of these cells. By degrees the vessels of the liver become over-

loaded with blood. They distend and press upon the biliary ducts, the lobular substance and hepatic cells. The latter become less active; the congested state of the vessels is increased; the whole liver is very much embarrassed. Exhaustion, congestion, and deficient secretion of the liver, in such a case, are distinct and successive, but mutually supporting conditions. As the capillary vessels of this organ become overloaded, the blood moves more and more slowly through them. A stasis of blood takes place. Nutrition is thus interfered with, for it is a physiological principle that the activity of the nutritive processes, all other things being equal, is directly proportioned to the constancy with which the blood is renewed in the capillary vessels of the part. Defective nutrition causes the organ to work slowly and less efficiently than in health. Just as congestion of the kidneys produces diminished secretion of urine, just as congestion of the lung produces diminished expiration of carbonic acid, so congestion of the liver sooner or later impairs the secretion of bile.

Defective hepatic secretion, in course of time, interferes with intestinal digestion. Drs. Bidder and Schmidt, of the Derpt Laboratory, have shown that when bile was entirely prevented from flowing into the duodenum of animals, and they were fed on albuminous matters, the latter underwent rapid decomposition in the small intestine with the evolution of fetid gases. When bread and amylaceous matters were exhibited under such circumstances, acid fermentation took place. Such experiments throw some light upon the manner in which intestinal digestion is interfered with by a diminution in the quantity of bile poured into the duodenum. These experimenters found also that the fecal discharges of the animal became scanty, light colored and offensive. Just such a phenomenon is exhibited by our patient. The dark brown color of normal feces is due to the presence of biliverdin, the pigmentary matter of the bile. In the absence of this pigment the feces are clay-colored, or even white. You will bear in mind that it is not bile proper that colors the feces.

The observations and experiments of Bidder, Schmidt, Hermann, Lehmann, Merklin, Golding Bird, Kerstein of Freiberg and others, have, I think, overthrown this doctrine. Indeed, it is now very well known, as Boerhaave long ago maintained, that in the healthy condition nearly all the bile poured into the duodenum during digestion is absorbed again from the intestinal mucous surface before it can reach the rectum. When I come to speak to you of the physiology of the bile in my regular course, you will see that the two resinous acids which make up the greater portion of the bile proper, serve important uses in the economy, too important to be wholly cast off as excretions. But in our patient the color-

ing matter of the bile has not made its appearance in the rectum. What has become of it? Look at the yellow hue of the eyes, of the tongue, of the face, and bear in mind that the urine of our patient is of a dark brown color, and you have the answer to this question. The hepatic cells not being able to eliminate the biliary coloring matter from the blood, the conjunctival and lingual mucous membranes have undertaken this duty. The biliary pigment is accumulating in the epidermic cells, in the uriniferous tubes, etc. But how can we be satisfied that there is really bile in the urine which is contained in this bottle, and which was voided by our patient but a few hours ago? It is brownish-yellow in color. A piece of rag dipped into it is stained yellow, as you see. I place a little of the urine upon this white plate, and drop in the middle of it a drop of nitric acid containing a very small per-centage of nitrous acid. Observe the blue color which now appears and spreads toward the outer edge of the layer of urine. Observe, too, that as this blue ring expands a violet one appears immediately surrounding the acid in the centre—how this violet circle expands and is followed by the appearance of a red one in the centre. This chromatic test for the presence of bile is very beautiful and very reliable. But we have a still better test. I pour a small quantity of this bilious urine into a test tube, and add to it one drop of this syrup, which consists of one part of cane sugar and four parts of water. I then begin to drop into the tube sulphuric acid, and you perceive at once an opaque or greyish white precipitate takes place; but as I continue to add the acid the mixture becomes syrupy, bubbles of air appear in various parts of the tube, and a reddish tint is exhibited at the bottom. When I shake the tube the tint disappears, but it begins to return at once upon the addition of more acid, and soon deepens into a cherry red color, which, however, is not permanent, for the color continues to change, first to a lake, then to a deep, rich purple. Now I add water freely to the mixture, and the color disappears, a copious precipitate following at the same time. This test is known as Pettenkofer's test, and is regarded by physiological chemists as the most reliable one which we possess for determining the presence of bile in the urine or any liquid.

When bile proper appears in the urine, it is nearly always combined with the coloring matter; the latter, on the contrary, may frequently appear without the presence of the resinous acids of the bile. When this pigment exhibits itself in the urine, we know that the hepatic cells are inactive, and that the flow of bile from the liver into the duodenum is interfered with, or wholly arrested. When biliverdin finds its way into the secretions and tissues, it produces the pathological condition known as icterus—

a condition which must be carefully distinguished from that form of pyæmia in which, though the skin is greenish-yellow and the urine dark-brown, the liver is not obstructed, and bile does not find its way into the renal secretion, as may readily be determined by applying the tests above mentioned. In the present state of organic chemistry, it is not easy to determine the true pathological meaning of the presence of the resinous acids of the bile in the urine. I have just told you that these resinous matters are absorbed from the intestinal tract, and find their way again into the portal blood, from which they were secreted by the liver. In this blood they undergo some change, for their presence can no longer be detected by Pettenkofer's test. Now if these substances are secreted so rapidly by the liver, and in such great abundance that they cannot be assimilated by the blood; or if they are imperfectly elaborated by the liver, or if the blood, in consequence of being diseased, loses its customary influence over them, they will appear in the urine, and become the signs either of diseased action of the liver or the stomach and upper part of the alimentary canal, or of the blood itself. Frerichs injected large quantities of filtered bile into the veins of dogs, and found that it disappeared from the blood without appearing in the urine, and without producing dangerous symptoms. From these experiments he inferred that large quantities of the glyko-cholate and tauro-cholate of soda must accumulate in the blood before they are separated by the kidneys.

The indications for treatment in this case are very clear. We must bring about a free discharge from the portal system of veins, and then proceed to arouse the liver to a better action. In cases of congestion of the liver of brief duration, and where the portal vein and its inter-lobular branches alone are involved, no treatment answers so well, perhaps, as free purgation with sulphate of magnesia or soda combined with senna, and occasionally with bi-tartrate of potash. By such medicines the overloaded vessels are drained to a considerable extent; the blood flows more freely through the liver; secretion is consequently more active; bile disappears from the urine, the skin, the conjunctiva; the tongue cleans, and the patient is gradually restored to health. The occasional administration of a purgative dose of calomel will often bring about the same result, but in a different way. Mercury is a true cholagogue. It stimulates the hepatic cells, and after exciting them to renewed action, is eliminated, as the experiments of Buckheim have shown, directly by the biliary secretion. In proportion as the hepatic cells secrete bile from the portal blood, the vessels containing the latter are relieved of their congested condition. You see, therefore, that the salines act directly and the mercurials indirectly in relieving hepatic engorgement. You see, therefore, that in a

therapeutical point of view it is very important to distinguish the exact pathological condition of the liver in these cases. If there is no impediment to the free flow of bile from the biliary ducts, you may proceed to excite the cells of the liver to renewed action, and thereby benefit your patient considerably. If such impediment exists however—if the vascular apparatus of the liver be so engorged that considerable pressure is exerted upon the bile ducts, then you must be careful about the use of mercurials, lest by promoting undue secretion you do more harm than good, by overloading the ducts and causing still greater embarrassment in the liver. Where you are in doubt as to the exact nature of the congestion, and where you have reason to suspect that this congestion is not confined to the interlobular vessels, I advise you to combine mercurials and salines somewhat after the following manner. Let us give our patient three of the following pills daily for three days:

R. Pil. mass. hydrarg. gr. vj.
Ext. colocynth comp. ℥ijss.
Podophylline, gr. vj.
Ant. et. potass. tart, gr. j. M.

Ft. mass. in pil. xxi, dividenda.

On the morning of the fourth day our patient is to have one-third of the following saline mixture:

R. Magnesiae sulphat. ℥j.
Potassae bitart. ℥ss.
Tr. sennae et jalapae, f℥ss.
Aq. fluvial. Oj. M.

Sometimes it will be well to use salines first for a day or two, and then administer the mercurial and follow it with the sulphate of manganese, which as a cholagogue ranks second to mercury only. Given to animals it occasions an excessive secretion of bile, as Gmelin has shown.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

This society met September 28th, Dr. FINNELL in the chair. There was a good attendance though specimens appeared to be somewhat in demand.

The minutes of the last meeting were read and approved.

Dr. SIMS presented a specimen of *Intra-uterine Polypus*, which was removed from the cervix of the uterus near the anterior wall. It was of several years' duration, occurring in a colored woman, coming from the South, who had come to the hospital here for treatment. The tumor was of the fibrous variety, very hard and pedunculated.

The doctor remarked that there was one peculiarity about the case, which occurred before the

operation. We often see Southerners coming to New York, soon after their arrival, taken sick with bilious remittent fever. This young woman was taken, a few days after her arrival, with *intermittent* fever, which in a day or two assumed a regular double-tertian type. It ran a course of somewhere near three weeks, in spite of everything that was resorted to. While practicing medicine in the South I was in the habit of cutting short cases of this kind by large doses of quinia, but in this case forty grains produced no effect whatever.

When recovery, however, had finally taken place, the doctor proceeded to an operation, placing a *ligature* around the peduncle of the tumor, allowing it to slough off. This mode of operating was resorted to because the patient was in so emaciated and feeble a condition that pyæmia was to be feared if the cutting or tearing operation had been resorted to. Dr. Sims remarked that he had made four miserable efforts to remove the tumor with the *écraseur*, and became thoroughly disgusted with the instrument as applicable to tumors in this region.* It is much more easy to apply a ligature than it is to get the chain of the *écraseur* around the tumor. The ligature in this instance consisted of a strong cord made of silk. Recovery was very complete. On introducing the finger into the uterus the surface upon which the tumor had been attached is found smooth and otherwise normal.

Concealed Hernia.—Dr. SANDS presented a specimen, the history of which was unfortunately incomplete in certain important particulars. The history, so far as ascertained, was as follows:

A lady of this city, about sixty years of age, of pretty good constitution, and in the enjoyment at the time, of her usual health, went to pass a few days at West Point. It was known that she was sufficiently well on Friday to take a ride; on the Sunday following she died. The prominent symptom throughout the case was vomiting. The cause of death was not known.

Very little beyond this is known of the history, except that she was attended by a very intelligent physician of West Point, the army surgeon of that place. The body was brought to New York, and Dr. S. requested to make a post-mortem examination to ascertain the cause of death.

The head was not examined; organs of the chest entirely healthy; on opening the abdomen the peritonæum was found considerably injected; it was also observed that the small intestines were increased, while the colon was diminished in calibre. The cause of death, and the cause of the alteration in size of the large and small intestines was probably owing to a femoral hernia, which was found

* In this connection we refer the reader to a report of a clinical lecture of Dr. Elliot, in the *REPORTS* of last week.

upon the left side. This hernia was exceedingly small. The protruded portion I have here, (it is about the size of a walnut.) The hernial sac was just large enough to contain the gut. The femoral ring through which the intestines protruded was somewhat constricted. The intestine, on its removal, was entirely free from gangrene or inflammation. Death had apparently occurred from vomiting. The coats of the intestine are found, on examination, to be considerably thickened, and there is a very deep sulcus just above the portion of the intestine where it entered. The intestine, below the point of strangulation, measures about three-quarters of an inch in diameter; the portion above, nearly double that, from one inch to an inch and a half.

It is somewhat doubtful whether in this case the existence of this hernia could have been determined by any of the ordinary local signs. The obstacles in the way of recognizing the hernia were, first, great deposit of adipose tissue an inch and a half to two inches in thickness. Neither was there any tumor that could be appreciated by the fingers. Percussion revealed no resonance, the sound being obscured by the fat of the abdominal walls. From the examination I think it is pretty evident that a very careful surgeon might have overlooked this condition of things.

Destruction of the Knee Joint.—Dr. FINNELL presented the bones of a knee-joint. They were taken from a patient who was operated upon in St. Vincent's Hospital some seven days ago. About five years ago the joint was injured by a fall. This was followed by acute inflammation, six weeks after which he was able to get up and attend to his business. The joint, however, gave him more or less trouble for the following three years, and two years ago it became very much enlarged, and the pain a great deal worse. Sinuses formed, communicating with the joint, and he entered the hospital in a very feeble condition. At this time he had cough, night-sweats, and was rapidly wasting away. On consultation, amputation of the limb was decided upon, as his only chance, the feeble condition of the patient not allowing resection of the joint. The operation was consequently performed, and the examination showed the articular cartilages of the joint almost entirely gone, the crucial ligaments completely destroyed, and the bones around the joint denuded and in a state of caries.

ESSEX COUNTY (NEW JERSEY) MEDICAL UNION.

The Essex Medical Union met on Monday evening, Sept. 12th, at the residence of Dr. W. M. Brown, Newark, Dr. DOUGHERTY in the chair.

The chairman read an essay on *Pyæmia*, after

amputation, illustrated by two cases, which had come under his observation. The thanks of the Union were presented to the essayist for his able performance of the duty assigned.

Spinal Injuries.—Dr. WHITTINGHAM presented a pathological preparation of a portion of the spinal column, taken from a patient, injured by being thrown from a stage, fracturing the spinous process of the 7th, and the transverse process of the 6th cervical vertebra, producing pressure upon the spinal cord and paralysis of the lower half of the body. The functions of the stomach were not disturbed, but those of the bowels were much impaired, and the bladder was entirely inactive. Priapism was a prominent symptom, and the lower extremities were totally insensible. Attempts to straighten the column only aggravated the sufferings.

Dr. DOUGHERTY related a case of spinal injury which he had seen with Dr. Taylor, where a fall from a window had so affected the spine as to produce the same symptoms as were present in the case just related, the insensibility being complete below the arms. The case is still under treatment.

He also reported a case of *Dislocation of the Ankle* without fracture, the reduction of which was extremely difficult, and required complete insensibility to be produced by chloroform before it could be accomplished. Three ounces of chloroform were given, and respiration was for a time completely suspended, and fears were entertained of a fatal termination, but persevering efforts for several minutes proved successful in restoring respiration and consciousness to the great relief of all concerned.

(Dr. D. wished to correct an error which he noticed in the records of the last meeting. The tumor which he opened was confined to one ovary, but was contained in two distinct sacs, the contents of which were discharged by a double operation, passing the trocar, through the septum before withdrawing the canula.)

Dr. W. PIERSON, JR., reported a case of *Comminuted Fracture of the postero-inferior angle of the left Parietal Bone*, in which the trephine was used, and the depressed portion raised, a few hours after the injury. Obstinate diarrhoea set in, and in a few days convulsions, which lasted twenty-four hours, but the patient ultimately recovered.

Dr. TICHENOR related a case of distorted pelvis in which the distortion was entirely on one side of the pelvis, and projected in such a manner that during delivery one blade of the forceps was bent nearly straight, though excessive force was not used. Also, a case of autumnal asthma which returned every fall, but had no connection with exposure to hay or country air.

DRS. WICKES and CLARK mentioned several cases of the same disease, some of which were caused by the odor of particular flowers.

DRS. WHITTINGHAM and SOUTHARD made some remarks on the uncertainty attending the use of chloroform, excessive results instantaneously following the use of small quantities in several instances.

A general discussion followed on the propriety of the use of chloroform and ether in midwifery and in the minor operations.

DR. W. PIERSON, JR., gave the history of two recent cases of *Hydrophobia* in Orange; one a boy of twelve years, in whom the wound was cauterized and the case treated with 100 grs. of calomel and 4 of morphia in the course of 36 hours. The other a girl of eight years. In this case the wounded part was excised in two hours, and the disease combated with chloroform and whiskey in large quantities, in both cases without arresting the fatal result.

DR. CLARK spoke favorably of the use of $\frac{1}{4}$ gr. of sulphate of copper, with 1-12 gr. of opium every three hours in cholera infantum, and thought the prescription worthy of further trial.

The use of *Anæsthetics* was the subject selected for discussion at the next meeting.

EDITORIAL DEPARTMENT.

Periscope.

FOREIGN.

By L. ELSBERG, M. D., OF NEW YORK.

Sub-periosteal Resection of the Pubis.—Want of time has prevented us from finishing, as yet, a report on the *Obstetric Operations for Delivery when the Passage of the unmutulated Fœtus at Term per vias naturales is impossible*, on which we have already bestowed considerable labor. Our present purpose is to acquaint our readers with the details of an operation, to which we shall have to refer in that report, proposed by MAL DE CRISTOFORIS, (*Ann. univ. Agosto, Settembre, 1858; Genn., 1859; Schmidt's Jahrb., August, 1859*)

This operation is to take the place of Cesarean section, &c., and consists in the partial or total sub-periosteal resection of the os pubis with its horizontal and descending rami. It has 6 modifications.

The instruments required for its performance are, convex bistouries to divide the soft parts and periosteum; two blunt hooks to draw

the vessels and nerves aside; one blunt hook, with turned edge, to hold the periosteum away from the bone in sawing; a number of scrapers to separate the periosteum; two or more chain-saws with handles; a large curved blunt needle; and the requisites for button and twisted suture and for dressing.

I. The total resection of the anterior pelvic wall consists in the removal of the entire portion between the ileo-pectineal eminences and between the two tuberosities of the ischii.

The position of the patient is across the bed, the legs at first straight down, afterwards strongly flexed and turned outwards.

The first incision is made across the mons veneris, between the two cural arteries, about five inches long. After division of the soft parts, including both aponeuroses of the fascia lata, the vessels and nerves of the thigh are isolated with the finger, gently drawn outward with the hooks, and held by assistants. Then proceeding with the division of the soft parts separately on the two sides, care must be taken that the knife be always kept over the middle line of the horizontal rami. With the same care the periosteum is divided, and pushed back from the bone as far as possible. Now, the patient's thighs are flexed, and two or three lines below the lower edge of the pubis, immediately over the upper commissure of the vulva, a horizontal incision, $1\frac{1}{2}$ inches long, is made through the soft parts and periosteum. Next, after ascertaining the precise position of the ischio-pubal ramus, and drawing the soft parts tense with the left hand, an incision is carried with a strong convex bistoury in the right, in one cut, from the external angle of the horizontal wound to the middle of the tuberosity of the ischium, through the periosteum, clear down to the bone; repeating the incision at once on the other side. The periosteum here is then also separated from the bone, care being taken not to injure the urethra. While the soft parts are, then, being held off and protected with the broad hook provided for the purpose, the four rami are sawn through with a chain-saw, as follows: The ischio-pubal rami are commenced with, so that about the third part of the tuberosity is removed; then, with the patient placed again in the first position, the saw is applied from above downward around the horizontal rami, immediately on the ileo-pectineal eminences. After having thus loosened the described portion of bone at these four points, and, if not before accomplished, completed the careful and perfect separation of the periosteum of the

entire portion, it is removed. (In cases where the mons is lower down than usual, the separation of the periosteum on the pubis and symphysis may be effected without the second horizontal incision, but the operation is then more difficult.) The wounds, after smoothing off any projecting corners of bone, and cleansing, are closed with sutures, and a bandage is applied over the abdomen and thigh.

The indications for this operation are those usually referred to the Cesarian section, pelvic deformity of the last gradation, contracted to two and a half, to two, and even to one and three quarter inches, produced at the brim by projecting of the promontory, in the cavity by undue sloping of the sacrum or by tumors, or throughout by flexion of the pubis and rami inwards.

II. *Resection of the two horizontal rami and the upper half of the pubis.* This differs from the first only by the omission of one part of the operation. The periosteum is separated from the bone on the rami and on the upper two-thirds of the pubic bone, and the parts denuded are sawn through horizontally, the rami next the eminences, again lastly. The indication is contraction of the second gradation, between three and two and a half inches at the *brim*, such as may be produced by the promontory projecting, or the horizontal rami of the pubis being turned inward, or the upper portion backward, and only when premature delivery could not have been induced, and mutilation of the foetus is excluded by its life.

III. *Resection of One Horizontal Ramus and the Corresponding Body of the Pubis.*—The incision is carried in this case only a few lines beyond the middle, (two and a half inches in all.) The lower third of the body of the pubis is best separated with the osteotome and with the knife at the symphysis. The indications for this operation are: 1, Projecting inward of this portion only, diminishing the conjugate diameter, at most, half an inch; and 2d, Misproportion on account of hard, osteosarcomatous tumors here—both rather rare conditions.

IV. *Resection of the Two Ischio-pubal Rami.*—This modification comprises the 2d act of the total resection of the anterior pelvic walls; but the 2d horizontal incision is here always omitted. It is indicated by a contraction of the outlet only, for instance, on account of a too narrow arch, ascending rami being turned inward, exostosis, etc.

V. *Resection of One ischio-pubal Ramus.*—Performance and indications result from the preceding.

VI. *Resection of the Horizontal Ramus, Body of the Pubis, and Ischio-pubal Ramus of one Side only.*—The first horizontal incision, in this modification, extends about two lines beyond the middle; the second is omitted. First the symphysis is separated with the bistoury, then the lower or posterior, and lastly, the anterior connection is sawn through. This operation would be indicated by *Nagel's* oblique distortion, the pelvis being rather small besides, projection inward of the rami of one side, and by osseous tumors.

Dr. C. has performed this operation frequently on the cadaver, and assures us that with but moderate practice, and the observance of a few plain rules, all the difficulties of the operation may be overcome. The perfect separation of the periosteum pre-necessitates straight and thorough incisions; it is, however, greatly facilitated on the living subject by muscular traction. The separation of the periosteum, especially from the posterior surface of the pubis, must be performed most carefully, since the tension consequent on the passage of the child would greatly increase the smallest injury. The thick insertion of the obturator muscle and the obt. lig. render denuding of the bone on the edge particularly difficult. A sharp scraper, curved below, is here most serviceable. In separating the periosteum from the outer surface of the ischio-pubal ramus, the scraper must be pressed very close upon the bone, because the periosteum is there rather thin and penetrated by many muscular fibres which are attached to the bone. In sawing through the horizontal ramus of the pubis, the saw must be carried obliquely from above, within and before, downward, outward and backward, so that the soft parts, which are extended during the labor, may meet a smooth surface. If the periosteum should not be yielding enough to let the child pass, it must be cut with the convex bistoury, the most suitable place being at the junction of the periosteum of the rami and that of the body of the pubis.

The best time for the operation, when matter of choice, is, probably, at the beginning of the second stage of labor. Only, when the difficulty is at the outlet, we must wait to see whether nature cannot overcome it.

The wounds are not closed until complete delivery has been effected. In case, further manual or instrumental aid be necessary, turning, wherever available, is to be preferred to the forceps.

The operation, in its greatest extent, was always completed on the cadaver within thirty minutes. On the living subject it will probably require somewhat more time.

Accurate measurements proved that the operations increase the diameters of the pelvis, as follows: Upper resection of one side, 5-6 lines; do. after cut periosteum, 5-12 lines; resection of the whole anterior pelvic wall, 10-12 to 18-22 lines.

In order to establish the certainty of restitution for the portions of bone removed, Dr. C. performed the operation on living bitches. In the canine, the resection is much more difficult than in the human subject, because the division of the mammary arteries is unavoidable, the periosteum is so much thinner, the os pubis rather high, and the ischio-pubal ramus lies deep among the muscles. The experiments were sufficient, however, to prove the complete renewal of the wanting bone. It might be doubted whether the periosteum of a rachitic bone would be able to reproduce osseoid structure; but the fact that new osseous formation follows necrosis, serofulous losses of bone, and fractures in rachitic persons should predispose us to a favorable opinion. The reproduction, however, in such a case, would re-cause the deformity, so that a subsequent pregnancy might render a repetition of the operation necessary, just as in the case with Cæsarian section. In advanced time of life the reproduction of bony substances becomes more doubtful; but as a general rule, the operation will have to be performed when the female is primiparous, and this consideration of no consequence.

To conclude, Dr. Christoforis claims to have proved—

1. That the operations described are not only practicable, but also of sufficiently easy performance. (Would not the separation of the periosteum from the posterior surface of the pubis be rather difficult, if the head of the child was pressed against it, and on account of the very projecting abdomen?)

2. That the operation accomplishes its object.

3. That the operations, a priori, are considered less *invading* than symphysiotomy, pubiotomy and Cæsarian section.

4. That the dangers of peritoneal inflammation and extensive infiltration of pus are less from this operation than from Cæsarian section.

5. That complete reproduction follows the operation.

AMERICAN.

Submucous Injection as a cure for the Tooth-ache of Pregnancy is recommended by Dr. Storer in the *Boston Journal*. In a case reported by him the patient had suffered from obstinate pain in the teeth of one side of the upper jaw, which was not relieved by the usual remedies and the extraction of a tooth. He injected ten drops of the Edinburgh solution of the bi-melionate of morphia beneath the mucous membrane of the gum. The relief was instantaneous and permanent.

A case of Congenital Hernia of the Umbilical Funis, operated on by Dr. Briddon, of New York, is reported in the *American Medical Monthly*. The infant, three days old, presented a large globular dilatation of the funis, at its junction with the abdomen. It measured two and a half inches in its transverse diameter, and nearly the same in its long axis; the circumference of the narrowest part of the neck of the tumor, at the junction of the funicular tunics with the abdominal integuments, was nearly four inches. The dilated funis contained a portion of the hollow viscera of the abdomen, conveying impulses from that cavity, and pressure forcing air audibly from the incarcerated contents into it. The taxis having failed in the reduction, and as the dessication and final separation of the cord would expose the strangulated intestine, and create at best a fecal fistula, it was deemed proper to relieve it by an operation. An incision in the long axis of the tumor was made until its contents were exposed; then a slight incision was made on the right side of the umbilical opening, so as to avoid the vessels. The intestine was then returned, and a strong ligature made to embrace the neck of integuments which surrounded the pedicle of the tumor, effectually closing the opening.

No evacuation by the rectum occurred afterward, and on the fourth day after the operation the child became restless, abdomen tympanitic, and death followed.

Castration for the relief of Satyriasis and Onanism.—Dr. L. V. Bell says, in a letter in the *Boston Journal*:—"I have often been consulted as to tying up the spermatic arteries, the vasa deferentia, and removal of testes in forms of insanity connected with spermatorrhœa. I have known it done repeatedly. In one case Dr. — castrated a clean gone onanist, who subsequently rallied and became an active man, and the doctor told me that he

never met him that he did not receive his blessing for the great favor he had conferred upon him. In another case of self-perpetrated castration, under a similar state of mind, with which I am acquainted, entire restoration to peace of mind and energy was produced. "On the other hand, in all the lunatic hospital cases where I have known it to be done, no valuable results followed. At the Ohio Hospital, some years ago, it was tried on quite an extensive scale. No case of improvement followed. Indeed, Dr. Awl told me that in one patient, who was previously quiet and contented, a permanent and dangerous condition of irritability followed."

A New Diuretic.—Dr. Byerley, of Cheshire, England, attributes powerful diuretic properties to the *Erodium Cicutarium*, or "Storks' bill." He gives, in the *Med. Times and Gaz.*, the following directions for its use:

"The mode of preparation is, to infuse an ounce of the dried plant (every part of it) in three pints of water, stewing it in an oven until two pints remain. The dose for an adult is four or five fluid ounces three times a day; probably more may be needed in some cases."

The Storks' bill is indigenous in England, where it grows abundantly on sand-hills near the coast, but it has been introduced into this country, and is to be found on the shores of Oneida Lake, in the State of New York.

The Metallic Wire in the Treatment of Hydrocele is reported upon unfavorably, by Dr. Gillespie, in the *Med. Times and Gaz.* The results in the cases operated on by him were unsuccessful, or the treatment prolonged and painful.

Sydenham's Opinion of Posthumous Fame is thus expressed by him, in the epistle prefixed to his chapter on Gout:—"I do not much value public applause, and, indeed, if the matter be rightly weighed, the providing for esteem (now an old man) will be, in a short time, the same as to provide for that which is not; for, what advantage will it be to me after I am dead, that eight alphabetical elements, reduced into that order that will compose my name, shall be pronounced by those who came after me?"

Life is short and art is long; the occasion fleeting; experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to induce the patient, the attendants, and externals to coöperate.—*Hippocrates.*

Reviews and Book Notices.

ALCOHOL: Its Place and Power. By JAMES MILLER, Professor of Surgery to the University of Edinburgh, Surgeon in Ordinary to the Queen, for Scotland, etc. 12mo. pp. 179.

THE USE AND ABUSE OF TOBACCO. By JOHN LIZARS, Professor of Surgery to the Royal College of Surgeons, etc. 12mo. pp. 138. Philadelphia: Lindsay & Blakiston. 1859.

In the evident increase in the use and abuse of alcohol and tobacco, the appearance of the new editions of these valuable brochures is opportune. Although by different authors, their moral effect would have been more impressive had they been enclosed in one binding. They treat of vices which may be said "to play into each other's hands." Alcohol and tobacco are congenial companions; the one creates a taste for the other; the depression and exhaustion from tobacco suggests the stimulus of alcohol; the excitement and fever produced by alcohol makes acceptable the dreamy sedation of tobacco.

A smoking mania is now prevailing. "Real meercaums," and other contrivances, through which to inhale the lethean incense of tobacco, are in demand. If the increasing use of tobacco could be considered but as a lesser evil, which was substituting itself for the greater evil of drunkenness, it might still be a blessing; but they are, as we have said, kindred vices, with a fondness for each other's society. Their effects, though immediately very different, are in the extreme very similar. They are both familiar with mania and idiocy; with muddled intellects and trembling hands, and tottering feet, and all the sufferings which attend a wrecked nervous system. Then let both these treatises be purchased and read by all who feel the responsibility of the medical profession to use their influence in checking these vices.

Alluding to the popular idea of alcoholic stimulants being "strengthening," Mr. Miller presents the following proper illustrations: "Alcohol to the working human frame is as a pin to the wick of an oil lamp. With this you raise the wick from time to time, and each raising may be followed by a burst of brighter flame; but while you give neither cotton nor oil, the existing supply of both is, through such pin-work, all the more speedily consumed." "Genius may have its poetical and imaginative powers stirred up into fitful paroxysms by alcohol, no doubt; the control of will being gone or going, the mind is left to

take ideas as they come, and they may come brilliantly for a time; but, at best, the man is but a revolving light. At one time a flash will dazzle you; at another the darkness is as that of midnight, the alternating gloom being always longer than the period of light, and all the more intense by reason of the other's brightness. While imagination sparkles, reason is depressed; and therefore, let the true student as we have said, eschew the bottle's deceitful aid."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 16, 1859.

INTRODUCTORY WEEK.

This is introductory week in the Medical Schools of this city and New York. In this city, the Professors in the several Colleges have adhered to the old custom of giving each an introductory lecture, thus occupying a whole week in this manner, when one day would have been sufficient. A single introductory lecture in each school is all that is needed. The sessions might just as well be wound up with seven valedictories for each school, as begun with seven introductions. We trust that hereafter, introductory week will resolve itself into the proportions of an introductory day.

Besides the introductions in the Medical Colleges, the clinical "season" at the Philadelphia Hospital was opened on Wednesday, by a very able discourse by Dr. J. L. Ludlow, one of the attending physicians. His subject was the History of Clinical Medicine.

We believe that it is the testimony of every one with whom we have spoken, that the number of students in this city is much larger than usual. Indeed, from present appearances, we judge that the classes in all the schools will be unprecedentedly large.

Our correspondent in New York informs us that the same thing is true of the New York schools; that they all have promise of larger classes than usual.

It is a very singular fact, and one which we propose to speak of more at length hereafter, that while medical schools are multiplying in all parts of the country, those of these two great cities seem to flourish rather than decline.

A few years ago, when the *Nashville Journal* was an "organ" of the Medical Department of the University of Nashville, it predicted the decline of the great schools of Philadelphia and New York. Its battle cry was "Delenda est Carthage," but somehow Carthage grows while Rome flourishes too. The success of the one did not, it seems, involve the necessity of the destruction of the other. Perhaps the *Journal* can aid us in accounting for this anomaly.

The *Medical Press* claims that the increase in the New York schools is, in part at least, due to its influence. We will enter no such claim on our own behalf, on account of the large classes in this city. Indeed, we do not intend to work any harder for the Philadelphia than for the New York or any other schools. They must work for themselves. Our pages are open for contributions from any of them, so long as they are of general interest.

MEDICAL TEACHING IN NEW YORK.

The "Students' Number" of the *Medical Press*, contains a description of the schools, hospitals, private classes, and other means of imparting medical instruction in the city of New York. Its editors deserve great credit for the completeness of their work, on which they must have bestowed much labor. From it we gather the following facts:

Medical Schools.—Of these there are three, viz: The Medical Department of the University of New York, the College of Physicians and Surgeons, (University of the State of New York,) and the New York Medical College. All these have able faculties, and their course and plan of medical instruction, and means of demonstration are of the highest order.

Hospitals.—Sixteen are enumerated, including two insane asylums. Ten of these are on New York Island, one on Ward's Island, two on Blackwell's Island,* two on Staten Island, and one on Randall's Island. (The floating hospitals are not enumerated in the above list.) In these hospitals an immense number of

* Under one of these heads are included the following: the Penitentiary, Workhouse and Almshouse hospitals, and the Small-pox hospital.

patients are treated annually, and many of them have arrangements for clinical teaching.

Dispensaries.—Six dispensaries are enumerated, but no information is given in regard to clinical instruction in them. There ought to be the most liberal arrangements made for clinical teaching at the dispensaries of both this city and New York.

Private Classes.—Only seven of these are mentioned, though they include Aylett's Medical Institute and the New York Preparatory School of Medicine, both of which have very large classes. The latter is a chartered institution with power to confer the degree of "Bachelor of Medicine."

THE PUBLICATION OF ABSURDITIES.

There is, in human nature, a relish for the marvellous. A statement may be considered interesting in proportion as it recedes from the practical to the transcendental; even though it be only an intended exaggeration for the idle diversion of the reader. The general ignorance of the masses in regard to the human structure in the natural functions of health or the innumerable conditions of disease, renders it a favorite theme for the fabrication of startling absurdities, and almost daily may be read in respectable quarters, statements which should satiate to nausea the most gullible. Among the startling human phenomena recounted, are the "wonderful cures" continually being discovered. These recipes supply abundant material for the prevalent fondness among many persons for treating disease. Among the ignorant the fondness for prescribing is remarkable, and every chronic invalid has suffered by urgent importunities to try the innumerable "certain cures."

But unfortunately the secular press is not alone answerable for the spreading of nonsense, and numerous instances could be shown where the most intense absurdities have found their way into the medical journals. The following specimens will be sufficient for illustration and evidence. A neighboring cotemporary repeats the following:

"Cure for Burns.—The *Gazette Médicale*, states that charcoal has been accidentally discovered to be

a cure for burns. By laying a piece of charcoal on the burn the pain subsides at once; by leaving it on for an hour the wound will be healed."

In a number of journals we have seen copied, the subjoined very *Frenchy* miracle.

"*Remarkable luxation of the Eye.*—During a conflagration the patient received the full stream from a fire-pump in his face. The column of water struck the eyelids of the right eye with violence, thrusting them strongly backward. Contracting under the double influence of the shock and the cold, they forcibly compressed the globe, forcing it out of its orbit by a kind of enucleation. The author saw the patient in an hour, and found the eye hanging out, retained only by its muscles and the distended optic nerve. Its reduction was very easy. Local antiphlogistics and aperients were employed, and in the course of ten days he saw as well as before the accident."

The publication of a fallacy is, we are aware not necessarily an endorsement of its truthfulness or a recommendation of its merit. It may be but the repetition of a passing novelty, for the entertainment of the reader; but yet the publication, without denouncing, in a reliable place, certainly gives to it an air of authority, and as a medical journal is looked upon as authority from which the non-medical press can with confidence quote, the masses may thus be influenced unfavorably. The credulous may be thus led astray, and to say the least of it, it is but a propagation of error or pandering to a vicious taste.

A GRAVE QUESTION!

Sometime since, in the course of a few remarks on the uncertainties of medical journalism, we stated that, with one exception, the senior editor of the *REPORTER* was the oldest medical editor in the United States. We did not suppose that the fact was of any very great consequence, excepting as illustrating our subject; but it seems to have set the senior editor of the *Nashville Journal of Medicine and Surgery* to delving among his files of journals, to see whether he cannot disprove the assertion. This he claims to have done, inasmuch as our name did not "*appear*" as editor until February, 1854, while he, and some others, began their editorial career at an earlier date. Now, we happen to know that the burden of editorial

labor on the *REPORTER* rested on our shoulders almost from our first connection with the enterprise, and on referring back, we are only surprised at the amount that we performed. This labor first began in July, 1850. The first day of the month was publication day. The first number of the *Medical Gazette* is dated July 6th, 1850, while the *Nashville Journal* did not appear until the following year. It would appear, therefore, that our first statement was correct. But the same number of the *REPORTER* contains a notice of the *Medical Gazette*, showing, either that the latter was a case of premature labor, or the former one of prolonged gestation—which, we will leave to the astute editor of the *Journal* to decide. Somehow, it fell to our lot to notice, editorially, the first numbers of both those journals.

But if the *Journal* insists that, because our name did not "appear" as editor, our claim to that high honor is not valid, then we are content to retire from the field and leave him to wear the coveted laurels—only asking how he would dispose of those editors of publications (for we suppose they have editors) whose names never "appear" in that capacity. The great New York dailies are "published" by Raymond, Greeley, Bennett—who are their editors—and have they no editors who occupy subordinate positions, whose names never "appear?"

The editor of the *Journal*, however, magnanimously offers to withdraw in our favor, should we claim the advantage over him in point of age. We have no more disposition to press that point than the other, and if we had, the "leading articles" in his September number,—not to name any others—by their solidity, gravity, force of reasoning, and impassioned nature, give such strong "internal evidence" of the maturity of age and experience, as to preclude the possibility of our doing so with any hope of success.

But loth to retire thus ingloriously from the field, we must try and base a small chance of a claim on the score of looks. Our friend of the *Journal* has a weakness in this direction, having, we are told, a full length portrait of himself adorning his lecture-room in the

University. Now, we know a man who is very anxious to take our likeness, and we propose that an umpire be appointed, a disinterested party and a good judge of portraits, and see how we will compare in that respect! We have strong hopes that on this point we would bear away the prize.

CORONERS' INQUESTS.

In another column an esteemed correspondent calls attention to some of the palpable absurdities in connection with our law of inquests as at present administered. It is high time that there should be a radical reform in respect to these laws. Coroners should always be medical men, high-minded and honorable in their profession, of too exalted a character, and unquestionable a standing, to be even suspected of being capable of stooping to anything dishonorable in their administration of law. An able report on this subject was made to the American Medical Association, a few years ago, by Dr. Semmes, of Washington.

We hope that this important subject will receive the attention it deserves, and that the profession in every section of the Union will press it upon the attention of the public, until the present loose method of administering the "Crown's quest law," is reformed.

Correspondence.

GOSSIP WITH CENTENARIANS.

White House, September 23, 1859.

To relieve the monotony of pathological detail, indulge me in a little physiological gossip.

I was called some few weeks since to visit an old maiden lady of the name of Williams. After having prescribed for her, my attention was directed particularly towards her mother, who sat before me in the room. I had long been acquainted with the old lady, and knew that she was over one hundred years of age. Curiosity to examine into the condition of the great life organs of this wonderfully and fearfully made machine at this advanced age, induced me to draw up my chair towards the old lady and enter into conversation with her. Her sight is imperfect, but her sense of hearing is tolerably good. From her general appearance, you would not take her to be much over eighty years of

age. She is rather thin in flesh; her face is pallid and deeply furrowed with wrinkles. She informed me that she was one hundred years and six months old, wanting a few days, and that she had that day assisted in baking bread for the family. I knew myself that she had during many years, even up to the present date, performed all the churning for the family, consisting of a son aged about seventy-four years, the maiden daughter between sixty five and seventy, and herself.

I took hold of the old lady's arm and examined her pulse. I found its volume rather small, but the pulse was soft and unresisting, affording evidence that ossification had not yet produced embarrassment in the circulatory system. Her pulse beat eighty strokes in a minute, and without any intermissions in its pulsations. I should liked to have listened to the heart sounds through the stethoscope, but was fearful that the old lady would have considered me impertinent in proposing the thing. Think of the immense amount of blood which this central organ of the circulation has pumped, working day and night; beating its systole and diastole with the regularity of the pendulum, for more than a century, and yet has preserved its integrity! And probably several years may yet pass by "ere the silver cord shall be loosed, or the golden bowl be broken."

I requested the old lady to show me her tongue. It was very slightly furred, and rather too much pointed. I inquired into the condition of the digestive apparatus. The digestive powers are good, but not very strong; the old lady not unfrequently overtakes them, and then kind nature steps in to her relief, and a gentle diarrhoea relieves her of the offending injesta. She is never troubled with constipation.

I grasped her arm but found much flaccidity of the muscular structure. Still her muscles are sufficient for considerable locomotion. The renal secretion is normal, and she but seldom is required to rise in the night to empty the vesica urinaria. She never lies in bed in the day-time, and is frequently awake during the night. She lies indifferently on her sides and back, and does not find one position preferable to another.

She has been the mother of six children; four of whom are living. A son aged seventy-six died six years ago. She has been a widow over sixty years. She has never been sick or taken a dose of medicine except when she had the small pox. I have learned since that she takes Godfrey's cordial for her occasional attacks of diarrhoea; but I suppose that she does not consider her diarrhoea a disease, or the cordial a medicine.

The family on her side are noted for longevity. She had a brother who died some years since ad-

vanced in his ninetieth year, and an uncle who was in his hundredth year at the time of his death.

I have been acquainted with the old lady over forty years, and cannot find any impairment of her mental faculties; it is true these were by no means of a high order.

Your mother, I observed to her son, is an extraordinary person, but not so much so as Mr. Pickle who died a few years since on Fox Hill. I have been told that he could walk from his house to New Germantown, a distance of four miles and back again the same day. Yes, continued Mr. W., and when he was one hundred years old, could split one hundred rails in a day. I now remembered that I had before heard the same thing of this old man. I think that he lived to be one hundred and four or five years old. What is stated of the great muscular vigor of Mr. Pickle in extreme old age is the *vox populi*, whether the *vox veritatis*, I cannot say, I am however inclined to think it is.

Some years since I attended in the family of a Mr. Nitzer. This gentleman was in his hundredth year at the time of his decease; he wanted a few months of one hundred years. There was a most remarkable contrast between him and the old lady whose case I have given. Mr. Nitzer became corpulent some years before his death. His face, unlike Mrs. W.'s, was as plump as a child of six months old, *without a wrinkle, and very florid*. The old man was stone blind, but his hearing was not very much impaired. His appetite and digestion were good, and his mental powers not greatly impaired. He never was so unwell as to require medical aid, except once on account of an abscess in his groin. Upon account of the total loss of his sight he was confined to his bed the greatest part of his time. He had lost his hang of time, and turned day into night; he slept all day, and sang psalms all night. It is certainly an extraordinary circumstance that these three aged persons should have resided so near to each other. Mr. Pickle lived eight miles from White House, Mr. Nitzer five, and Mrs. Williams, two. W. J.

"But is this law?"

Aye, marry is't; Crowner's quest law!"

GENTLEMEN:—I have repeatedly observed the phrases "found drowned," and "died from causes unknown," among many others equally as vague, reported in the newspapers, as expressing verdicts that were rendered by Coroner's inquests. And I am informed by those who are fully conversant with the subject, that the first of the phrases above referred to is in nearly every case equivalent to the declaration that a certain dead body has been found *in the water*, and the second, to a simple statement of the fact that the Coroner's jury found upon ex-

amination, that *the corpse*, submitted to its inquisition, *was* actually dead. Now, it has puzzled me not a little to discover in what manner the leading objects of medical as well as of criminal jurisprudence—the detection and prevention of crime—are to be subserved by such loose and ridiculous findings. Or why it is necessary to elect a public officer, with power to call upon the citizens to serve as jurors or to testify as witnesses, and at considerable expense to the county, in order that a fact may be solemnly declared, which was perfectly evident beforehand—namely, that a dead body had been found in or out of the water, and one which of itself can be of no possible value to any one however carefully it may be verified.

The extinction of life in a body found in the water may, or may not have been due to asphyxia from drowning. To determine the fact is the first duty of the Coroner's inquest; and if it determine it in the affirmative, its next duty is to ascertain, if possible, and by the most thorough and judiciously conducted investigation, whether the drowning was the result of accident, of a voluntary act on the part of deceased, or of criminal violence on the part of another. So, also, in respect to a body found dead under any circumstances, and any where, it is the province of the Coroner's inquest to ascertain from what cause death ensued, in what manner it was produced, and by whom; a province the proper fulfilment of which would preclude the possibility of the vague and insufficient verdicts to which we have just referred, being rendered. Verdicts which we cannot but feel surprised should satisfy, as they would appear to do, those who are entrusted with the administration of the criminal jurisprudence of our Commonwealth, more especially when it must be evident that their toleration will, by facilitating the escape of the guilty, give encouragement to crime.

SENEX.

Medical News.

Legislative Absurdity.—When legislators attempt to do a favor for the medical profession, they usually combine so much ignorant prejudice with their kindness, as to invalidate the intended benefits. The *Boston Journal* says that the Legislature of the State of Maine has recently granted one-half township of land to the Maine Medical School, to be applied "to the promotion of the sciences of anatomy and surgery." "The absurdity and inconsistency of the Maine Legislature have already been exposed by us. There is no law in that State legalizing practical anatomy, yet a surgeon, ignorant of it, may become liable for malpractice; and now the climax of contradiction is

accomplished by the resolve under consideration, which grants half a township of land towards the support of the sciences of anatomy and surgery! It is a crime to dissect; it is a crime not to know what can only be learned by dissection; the government grants support to a professorship of anatomy and surgery, and thus aids and abets the dissection of human bodies, which by another law is a crime!"

The "Cure" for Consumption.—*The Medical and Literary Weekly* says, in an editorial article on consumption:—"Consumption can be cured. What a glorious announcement! What an achievement of science! From one extent of the civilized world to the other, should be hailed with joy, this victory of science over the most dreaded disease that ever blighted ambition's fair future." Yet, instead of heralding the delightful news in the next paragraph as to *how* it is done, he suddenly collapses, and leaves our only hope for the cure in the following opinion—"We believe Atlanta to be prominent among the best localities for the consumptive's home."

Public Urinals are to be established in Boston. They are to be erected in different sections of the city, and will be a great public convenience, beside the sanitary effect and the abatement of many nuisances which are the result of the want of proper places to resort to.

The same necessity which renders public urinals desirable in Boston exists equally in every other crowded city, and the example is well worthy of imitation in this city.

Isinglass Plaster.—Mr. Shivers, of this city, who has been for a long time the manufacturer of the best adhesive plaster, has recently effected an improvement in the quality of the isinglass plaster, which will bring the article into very general use. It is superior in adhesive qualities to any heretofore made, and its unirritating properties make it indispensable in many instances, where the ordinary adhesive plaster is inapplicable. Address him, at the corner of Seventh and Spruce streets.

Dr. Morris J. Asch, of this city, has a meerschaum which formerly belonged to the King of Prussia, and was colored in a most effectual manner. Its royal owner caused it to be smoked by a whole regiment of soldiers, until it was as black as anthracite, one man passing it to his comrade as soon as he had enjoyed it sufficiently himself.

Fossils of a Future Geologic Period.—When Lieut. Berryman was sounding the ocean, preparatory to laying the Atlantic Telegraph, the quill at the end of the sounding-line brought up a mud which, on being dried, became a powder so fine that, on rubbing it between the thumb and finger, it disappeared in the crevices of the skin. On placing this dust under the microscope, it was discerned to consist of millions of perfect shells, each of which had been the abode of a living animal. These have been sinking down through the water to the bottom, and will no doubt form, in the course of ages, an extensive range of either silicious or limestone rock. The process is similar to the one by which stratified rocks were formed in ancient geologic periods.

Dr. Boynton commenced, last Monday evening, at the Cooper Institute, a course of eight lectures on geology. They have been warmly praised in Boston, and wherever else they have been heard. He lectured in this city last winter, to very large audiences, and will probably resume his instructive course this winter.

A New Epidemic.—The New Orleans Delta says, there is an epidemic of suicide prevailing in that city, and that scarcely a day passes in which some successful or unsuccessful attempt is not made to commit the rash act.

"*The Dental Cosmos*" is a title not liked by the *London Lancet*. It says,—

"We should, *a priori*, have expected that a 'Dental Cosmos' would have enlightened us by learned geological disquisitions,—perhaps informing us of the age of the world from the teeth found in its *alveoli*, or caverns; or else that we should have it pointing out to us metaphorically how the teeth of time, that *edox rerum*, destroy everything in the universe sooner or later."

We consider the title particularly appropriate for an American journal of dentistry. In every department of dentistry our countrymen have certainly led the rest of the world, and they are entitled to give to their representative journal a cosmopolitan name.

The Annual Dinner of the Surgical Society of Paris, the *Med. Times and Gaz.* says, will be dispensed with this year, and the fund donated to the wounded of the army of Italy.

The Ladies' National Sanitary Association, the objects of which we recently stated, is becoming popular and spreading its branches in the principal cities of Great Britain. The *English Womans' Journal*, the organ of the society, gives an account of its last meeting.

The American Stock Journal is edited, in its Veterinary Department, by Dr. G. H. Dadd, a well-known writer on Veterinary subjects, and formerly editor of the *American Veterinary Journal*.

"*Save him from his friends.*"—The *American Med. Gazette* and its editor, Dr. Reese, of McClintock-and-Marsh's-patent-truss-notoriety, are alluded to, in the following ironical manner, by their quasi friend of the *Nashville Journal*:—"Perhaps no other is just as fearless as he always is; his judgment is ripe, and *prejudices have no weight with him*. The *Gazette* has the merit, too, of being *unbiased in its opinions*. It is the organ of *no clique* or school, but the private property of one physician and gentleman, (?) seeking to benefit and help his fellows."

Dr. A. K. Gardner, of New York, is preparing an edition of Scanzoni's Diseases of the Sexual Organs of Women, for the press. . . . A Mrs. Prescott Lawrence, of Winhall, Vt., died a few days since of consumption, and as a number of the family had previously died of the same disease, the family went through the superstitious farce of burning the lungs, heart and liver of the deceased, to prevent any more from dying of the same disease. . . . A new edition of Tyler Smith's work on Obstetrics has just been issued from the press.

To Correspondents.

E. G. H., Washington.—Malgaigne's Treatise on Dislocations has not been translated. His work is in two volumes, on Fractures and Dislocations. The first volume, which is on Fractures, has been translated by Dr. Packard, and published by Lippincott & Co.

T. S., Tenn.—Aiding the expulsive efforts of the uterus in lingering labor, by pressure with the hands on the surface of the abdomen, has been practiced. Dr. Schrack, of Montgomery county, Pa., has given some attention to the subject.

Dr. D. H., Penna.—The silver wire and a needle have been forwarded to you by mail.

COMMUNICATIONS RECEIVED.—Dist. Col., Dr. H. Lindaly; Geo., Dr. J. M. Blacksheare, (with enclosure); Ill., Dr. J. M. Mack; Dr. E. A. D'Arcy; La., Dr. T. C. Ward, (with encl.); Miss., Dr. W. Spillman, (with encl.); Md., Dr. R. E. Bromwell, (with encl.); Mass., Dr. Lewis H. Bodman; A. Williams & Co.; N. Jersey, Dr. D. M. Stout, (with encl.); Dr. R. M. Cooper, (with encl.); New York, Dr. C. G. Bacon, (with encl.); Tilden & Co.; Dr. W. C. Ro-

ADVERTISEMENTS.

Ierts, Dr. L. Bauer, Mr. C. W. Polman, Dr. S. Dodge, (with encl.) Dr. J. Parnely; *Penn'a.*, Dr. B. D. F. Baird, (with encl.) Dr. E. L. Orth, (with encl.) Dr. James King, (with encl.) Dr. John Feay, (with encl.) Dr. J. A. Wolf, Dr. A. G. Walter; *R. I.*, Dr. E. M. Snow; *S. C.*, Dr. J. Dickson Bruns; *Va.*, Dr. W. H. Triplett, Dr. M. M. Lewis, (with encl.)

Office Payments, Dr. Ira Day, Dr. S. S. Brooks, Phila. Hospital.

MARRIAGES.

INGRAHAM—COLEMAN—In New York, October 7th, by Rev. Mr. Haven, Dr. T. M. Ingraham, of Brooklyn, to Anna E., daughter of George Coleman, of New York.

MACGILL—MCENDREE—In Shepherdstown, Va., 27th ult., by the Rev. Henry Edwards, Dr. Charles G. W. Macgill to Louisa T., eldest daughter of John H. McEndree, Esq.

NEALE—PAINTER—At Kittanning, Pa., 27th ultimo, by Rev. William Hilton, Mr. John P. Painter to Miss Rebecca B., daughter of the late Dr. S. S. Neale, all of Kittanning.

PAGE—BISPHAM—On the 6th instant, by the Rev. William Sudards, Dr. Edward A. Page to Josephine A., daughter of the late Joseph Bispham, of Philadelphia.

PICKING—TAYLOR—At Baltimore, on the 4th instant, by Rev. Dr. McCron, Dr. C. S. Picking to Miss Margaret A. Taylor, all of York county, Pa.

POST—MITCHELL—In New York, on Wednesday, October 5, by Rev. Joel Parker, D. D., Rev. Arthur Mitchell, of Richmond, Va., to Harriet Edith, daughter of Dr. Alfred C. Post, of New York.

PROCTOR—SKIDMORE—On Tuesday, the 4th inst., at Locust Grove, Charlotte county, Va., by the Rev. David S. Doggett, D. D., Tr. Thomas A. Proctor, of Petersburg, Va., to Miss Maggie B., only daughter of the Rev. Lewis Skidmore, deceased.

DEATHS.

CHASE—In this city, Oct. 7th, Dr. James William Chase, son of John G. and Caroline R. Chase, in the 22d year of his age.

HOWELL—In this city, on the 7th instant, Doctor George Hocker Howell, U. S. Navy, aged 34 years.

IRLAND—In Oreapolis, Nebraska Territory, September 9th, of congestion of the lungs, Dr. Wm. Penn Irland, aged 46 years. Dr. Irland was born near Milton, Northumberland county, Pa. He was a graduate of Jefferson Medical College, practiced medicine for a time in Philadelphia, afterwards in Bedford, Pa., and more recently in Fairfield, Iowa, of which he was a citizen at the time of his death, and where his family still reside.

NUTTALL—The *London Athenaeum* records the death, on Sept. 10th, of Dr. Thomas Nuttall, at his residence, Nutgrove, St. Helens', Lancashire, at the age of 73. He was born in Yorkshire, brought up a printer, and emigrated to the United States in the latter part of the last century. He devoted his leisure time to the study of Botany and Geology, published the "Genera of North American Plants," "The Birds of the United States," and other works. He traveled in California, and published several papers on the shells and plants of that region. Dr. Nuttall returned to England, living at Nutgrove, an estate which was left to him on condition that he should reside on it.

PRACTICAL COURSE ON THE DISEASES OF THE LUNGS AND HEART.

DR. DA COSTA will commence his next practical course on the Diseases of the Chest on Thursday, October 20th.

The object of this course is to furnish graduates and students of medicine with an opportunity of becoming practically acquainted with the methods of Physical Diagnosis, and especially in their relation to *Thoracic Diseases*.

The course continues about ten weeks, and includes a series of Lectures and Clinical Demonstrations.

The Lectures are fully illustrated by *Preparations, Models and Drawings*.

The clinical meetings are held twice a week. Numerous patients are introduced to familiarize the student with the Physical Signs of Thoracic Diseases, and as the course advances he has patients assigned him, is obliged to form his own diagnosis, state the reasons for arriving at his conclusions, and indicate the treatment.

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Examinations are held daily in all the branches taught in the Jefferson Medical College, commencing on the 23d of October. Near the close of the session a review of the entire course is given. The examinations are fully illustrated by surgical and Anatomical Preparations, a Cabinet of Materia Medica, etc. Exercise will also be given in writing prescriptions. 156

LECTURES ON CHEMISTRY.

DR. ASCH

Will deliver a Course of Lectures on

MEDICAL CHEMISTRY,

Commencing about November 1st and continuing throughout the Session.

The Course will comprehend Chemistry in all its relations to Medicine, Pathology and Toxicology. *Urinary Deposits and Organic Chemistry* will be fully considered and illustrated by experiments and the Microscope.

The Lectures will be delivered in the Lecture Room of Dr. Asch and Gross, in the rear of Jefferson College.

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Or at the Clinic of the Jefferson College.

Philadelphia, September, 1859. 156

ATLANTA MEDICAL COLLEGE.

PREPARATORY COURSE.

IN addition to the regular Summer Course of Lectures, which opens on the first Monday in May, a preparatory course of instruction has been established by the Faculty.

The second session of the Preparatory or Winter Course will commence on the first Monday in November next, and continue until the last of the following February.

Lectures will be given daily by the Professors of the College, with examinations, dissections, and clinical instruction, as in the regular Summer Course of Lectures.

This Preparatory Course will not count as a full course in the requisites for graduation, neither is it obligatory on a student in order to be admitted to examination at the end of the regular Summer Course.

The fees for the Course amount to fifty dollars, which amount will be deducted from the fees of the ensuing Regular Course.

For Further information, address

J. G. WESTMORELAND, Dean.

Atlanta, Ga., Sept. 16, 1859. 155



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